301700

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response..........16.00



		0002001/ _
Name of Offering (check if this is an amendmen	t and name has changed, and indicate change.)	
Bear Naked, Inc. Private Placement		
Filing Under (Check box(es) that apply): Rule	504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ULOE
Type of Filing: New Filing Amendment		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment	and name has changed, and indicate change.)	
Bear Naked, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
397 Post Road, Darien, Connecticut 06820		(203) 655-4442
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Distributor of nutritious granola products.		PROOF-
Type of Business Organization		, OCESSED
	partnership, already formed	r (please specify)
<u> </u>	partnership, to be formed	(please specify), JAN 12 2005
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization: (Enter		Estimated , \ FINABLE ON
(CN for Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if i Flatley, Kelly	ndividual)				
Business or Residence Address 397 Post Road, Darien, Connec		et, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, if i Synnott, Brendan	ndividual)				
Business or Residence Address 397 Post Road, Darien, Connec		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Spier, Thomas J.	ndividual)				
Business or Residence Address 397 Post Road, Darien, Connec		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if i Reimers, Arthur	ndividual)				
Business or Residence Address 397 Post Road, Darien, Connec		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndiviđual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)			
	(Use	blank sheet, or copy and use	additional copies of this sheet	, as necessary)	

	B. INFORMATION ABOUT OFFERING		
		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		\boxtimes
	Answer also in Appendix, Column 2, if filing under ULOE.		
2.	What is the minimum investment that will be accepted from any individual?	\$100,00	0
		Yes	No
3.	Does the offering permit joint ownership of a single unit?		 ⊠
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any	ш	
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Ful No	Il Name (Last name first, if individual) ne		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nai	me of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Cheek "All States" or check individual States)	☐ All	l States
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
	IL IN IA KS KY LA ME MD MA MI MN	MS	MO
	MT NE NV NH NJ NM NY NC ND OH OK	OR	PA
	RI SC SD TN TX UT VT VA WA WV WI	WY	PR
Ful	l Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nat	me of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Cheek "All States" or check individual States)	☐ All	l States
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
	IL IN IA KS KY LA ME MD MA MI MN	MS	MO
	MT NE NV NH NJ NM NY NC ND OH OK	OR	PA
	RI SC SD TN TX UT VT VA WA WV WI	WY	PR
Ful	ll Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nar	me of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Cheek "All States" or check individual States)	☐ All	l States
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
	IL IN IA KS KY LA ME MD MA MI MN	MS	MO
	MT NE NV NH NJ NM NY NC ND OH OK	OR	PA
	RI SC SD TN TX UT VT VA WA WV WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k		
	Type of Security	Aggregate Offering Pri		Amount Already Sold
	Debt	\$750,000		\$ <u>750,000</u>
	Equity	\$0		\$ <u>0</u>
	☐Common ☐ Preferred			
	Convertible Securities (including warrants)	\$ <u>0</u>		\$ <u>0</u>
	Partnership Interests	\$0	<u>.</u>	\$0
	Other (Specify)	\$0		\$ <u>0</u>
	Total	\$ <u>750,000</u>		\$750,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	4		\$750,000
	Non-accredited Investors	0		\$0
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	e		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	r.		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		\boxtimes	\$3,000
	Accounting Fees	******		\$
	Engineering Fees	***************************************		\$
	Sales Commissions (specify finders' fees separately)	***************************************		\$
	Other Expenses (identify) copy and mailing Blue Sky filing fees			\$ <u>1,000</u>
	Total		\boxtimes	\$4,000

5.	Question 1 and total expenses furnished in res "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gro each of the purposes shown. If the amount	egate offering price given in response to Part C — Question 4.a. This difference is sproceed to the issuer used or proposed to be use for any purpose is not known, furnish an estimate total of the payments listed must equal the adjuste to Part C — Question 4.b above.	s the d for and		\$ <u>746.000</u>
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗆 s		S
	Purchase of real estate		. 🗆 \$	· · · · · · · · · · · · · · · · · · ·	\$
	Purchase, rental or leasing and installation of a	machinery			□ \$
		facilities			□ \$
	Acquisition of other businesses (including the offering that may be used in exchange for the	value of securities involved in this			□ \$
	,		_		□ \$ □ \$
	• •				
	Other (specify):		_ 🗆 \$	<u> </u>	\$
			- . □\$		□ \$
	Total Payments Listed (column totals added)			\$ <u>746,0</u>	000
34. 34.		D. FEDERAL SIGNATURE		distriction of the	
sig	nature constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange C redited investor pursuant to paragraph (b)(2) of Rule	ommissi		
	uer (Print or Type) ar Naked, Inc.	Signature		Date 1/4/66	
Re:		Title of Signer (Pfint or Type)			
	me of Signer (Print or Type)	Title of Signer (Finit of Type)	Vice President, Chief Operating Officer and Assistant Treasurer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)